



LA Department of State Civil Service

PPR Delegated Trainer Contact Information

PPR Delegated Trainer

Name: _____
Last *First*

Agency Name: _____

Address: _____
Agency Mailing Address *City* *State* *ZIP Code*

Work Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

ADDITIONAL AGENCY INFORMATION

HR Director's Name _____

HR Director's
E-mail Address: _____

HR Office Phone: () _____ Appointing
Authority's Name _____